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software, descriptive statistics were applied to summarize the demographic and clinical data with laboratory indicator levels and medical imaging data.

Results: We prospectively investigated 64 patients and found a predominance of male 57.8 % (37). The mean age at diagnosis was 50.03 months with a standard deviation: $\sigma = 58.75$, between 1 and 192 months old. The air sacs may fill with fluid or pus (purulent material), causing cough with mucus 53.1 % (34) or pus 15.6 (10 cases), fever for 60.9% (39 patients) with a mean of 38.05°C where the minimum is 37.0°C and the maximum is 40.0°C resulting in a total of 7.8% (5 cases) of convulsions in febrile context. They presented also chills 15.6% (10), tachypnea 32.8% (21), rhinorrhea 68.8% (44) and intercostal retraction 42.4% (27). A variety of organisms, including bacteria, viruses and fungi, can cause pneumonia. The average level of leukocytes (WBC) was $13.75 \times 10^3/\mu\text{L}$ with a minimum at $4.6 \times 10^3/\mu\text{L}$ and a maximum at $35.0 \times 10^3/\mu\text{L}$ and a standard deviation of 6.27, the mean of neutrophil was $7.59 \times 10^3/\mu\text{L}$ and for erythrocyte sedimentation rate (ESR) was 27.14 mm/h with a maximum at 108 mm/h. Pneumonia confirmation was performed using auscultatory examination and chest radiograph where we founded characteristic pathological changes. Malnutrition was present in 37.5% (24) of patients and other significant risk factors were a history of recurrent respiratory infections 26.6% (17) such us: bronchopneumonia, bronchiolitis or recurrent wheezing, chronic diseases 23.4% (15): congenital heart disease, asthma or diabetes mellitus. 12.5% (8) have the house heating with the wood fire, 14.1% (9) of children come from a difficult social environment and 12.5% (8) living in a institutional care.

Conclusions: In fact, children who suffer from underlying chronic disease (*e.g.* asthma, recurrent wheezing, congenital heart diseases, neuromuscular diseases and seizure disorders, chronic disorder of the nutritional status) or who living in a difficult social environment are at higher risk for acquiring pneumonia.

Key words: pneumonia, children, risk factors.

65. TREATMENT OF PANIC D ISORDER

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Introduction: The article addressed the treatment of panic disorders with the purpose of optimizing the methods of treatment in order to obtain good lasting results.

Materials and methods: 15 patients (men and women) with panic disorders of different age were tested. Testing was performed before and after pharmacological treatment using questionnaires, with a 3 week follow-up.

Discussion results: Before and after the treatment were observed the following results among the patients: Hamilton scale - severe and moderate depression (66%) with turn for lack of depression after treatment (73%); Taylor scale - very high and high anxiety (93%) with change to mean anxiety after treatment (80%); Spilberger scale - high stable anxiety (80%) and moderate (20%), high reactive anxiety (20%), moderate (67%), post-treatment evolution to stable moderate anxiety (80%) and low

reactive anxiety (80%); Chambless questionnaire with average loss of control anxiety (27%), concern for somatic symptoms - average (20%), post - treatment relieving symptoms (100%); Marks- Mathew questionnaire - high and mean value anxiety-depression (67%), high and mean value agoraphobia (37%), average social phobia (27%), wound and blood phobia (20%) after treatment anxiety-depression, phobia for wounds and blood and agoraphobia lack (7%) and social phobia (13%) average values; Meyer questionnaire - unrealistic anxiety (20%) with improvement after treatment (100%).

Conclusion: Structured Psychotherapy, particularly cognitive-behavioral ones, in line with their availability and patient preferences should be privileged to drug therapy. Pharmacotherapy is an important lever in improving signs and symptoms of panic disorders, its effect requires a period of 3-28 weeks to highlight.

Key words: Panic disorder, treatment, psychotherapy.

66. PECULIARITIES OF DEPRESSION IN DIABETES MELLITUS

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Introduction. Diabetes mellitus is a major cause of morbidity and mortality worldwide. Today depressive disorders occupy one of the first places among the causes of its disability. It is shown that the incidence of depression is 2-3 times higher in diabetics compared to non-diabetics. Moreover people with depressive disorders have a much higher risk of developing diabetes mellitus. The prognosis of both diseases in terms of disease severity, complications, treatment resistance and mortality is worse when they evolve together, than when evolving separately. This is a current problem due to an apparent decline of the quality of life of patients, which is lower, than the quality of life of the general population. Objective of the study is to evaluate the frequency of depressive disorders and diabetes mellitus depending on: sex, patients` residence area, type of diabetes mellitus, treatment of patients with type 2 diabetes mellitus.

Materials and methods. To achieve the objectives there were examined 85 patients with the confirmed diagnosis of diabetes mellitus. To assess depression in patients with diabetes mellitus the Beck Depression Test was used, the study being descriptive.

Results and discussion. Of the 85 patients with diabetes mellitus included in the study, 68% were identified with depressive symptoms. Of the 15 patients with type 1 diabetes mellitus, 80% were found to have depression, the percentage of patients with depression and type 2 diabetes mellitus being 66%. Depression was assessed in 71% of the 45 women included in the study, the percentage of women affected by depressive disorders being higher than that of men, accounting for 65% of the 40 subjects of the study. There were established differences on the trend of depression development in people with diabetes mellitus depending on the living environment. The number of depressed patients included in the study is higher in rural areas, it being 31 subjects (36.5%) versus 24 subjects (28.2%) in urban areas. Of the 70 patients with type 2 diabetes mellitus, 45.7% were taking oral antidiabetic agents, while 54.3%